

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 12-3-07

Address: 1230 South 850 West

Case #: 43F25463

Columbus, IN

County: Bartholomew

47201

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open - No Structure
☐ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): Rear of House
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Rear of House
☒ Water Reactive Metal (Lithium): Rear of House
☒ Anhydrous Ammonia: Rear of House
☒ Hydrochloric Acid Gas Generator(s): Rear of House
☒ Corrosive Acid: Rear of House
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Sheriff

This report is to be faxed to the following agencies that serve the location:

Fire Department: Columbus

Fax: 8123791689

Health Department: Bartholomew

Fax: 8123791550

Child Protection Service: Bartholomew

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Pete Glogoza

Phone 3172471852

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.